

Outstanding**Weston Area Health NHS Trust**

Specialist community mental health services for children and young people

Quality Report

Weston General Hospital
Grange Road, Uphill
Weston Super Mare
Avon
BS23 4TQ
Tel: 01934 636363
Website: <http://www.waht.nhs.uk/>

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RA305	Drove House	Child and adolescent mental health and learning disabilities team	BS23 3NT
RA319	The Barn	Child and adolescent mental health and learning disabilities team	BS21 6HB

This report describes our judgement of the quality of care provided within this core service by Weston Area Health NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

Where applicable, we have reported on each core service provided by Weston Area Health NHS Trust and these are brought together to inform our overall judgement of Weston Area Health NHS Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

Outstanding



Are services safe?

Good



Are services effective?

Outstanding



Are services caring?

Outstanding



Are services responsive?

Good



Are services well-led?

Good



Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	5
The five questions we ask about the service and what we found	6
Information about the service	9
Our inspection team	9
Why we carried out this inspection	9
How we carried out this inspection	10
What people who use the provider's services say	10
Good practice	10
Areas for improvement	11

Detailed findings from this inspection

Findings by our five questions	13
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Summary of findings

Overall summary

We rated Weston Area Health NHS Trust specialist child and adolescent mental health services outstanding because:

- All the interactions we saw between staff, children, young people and parents/carers were respectful, responsive, kind and considered. Staff demonstrated a thorough understanding of the effect on a child or young person of experiencing a mental health issue and the effective of living with a child or young person with mental health issues. We found evidence of excellent emotional support for children and young people and separate emotional support for parents and carers. The children, young people and families that we spoke with, without exception, commented on how caring and compassionate staff were towards them. Robust and innovative practices were used to consistently engage and involve children, young people and carers in their care and treatment.
- The assessment of needs and risks was thorough, individualised and had a strong focus on working in partnership to achieve goals and outcomes that children, young people and families identified. Care and treatment were innovative and evidence based and there was a culture of monitoring outcomes against national benchmarks. We found excellent multidisciplinary and interagency working practices with highly effective communication between team members and other professionals, such as teachers and social workers. Staff were highly skilled and participated in local and national clinical audit and research.
- The environment at both Drove House and the Barn was clean and well maintained. The walkways between buildings were clearly identified. Disabled access to both sites was very good and toys and facilities were available to cater for all age groups in the majority of waiting, treatment and therapy rooms.
- We found that the team responded to urgent care referrals and care needs quickly and that children, young people and families received excellent care and treatment once they had been accepted into the service. However, there could be long waits to get an initial appointment. The team were working hard to rectify this and had developed plans to roll out the care and partnership approach (CAPA) across the service; this included plans to reduce the waiting times for appointments and be in a 'steady state', with waiting times for both the first appointment and for treatment within the recommended time frames by September 2015.
- There were some staff shortages within the team but every effort was made to ensure that this did not affect care to children and young people. Staff worked extra hours to cover all the sessions that had been booked.
- We found excellent senior clinical leadership within the service and high quality leadership at every level within the service. Leaders within the service had been proactive in raising the profile of CAMHS within the trust. However, staff felt that CAMHS was not recognised as much as it should be by the trust and that the senior leadership team within the trust had little understanding of what CAMHS did. The trust was subject to a transaction process, through which Taunton and Somerset NHS Foundation Trust, as the preferred acquirer, would in future deliver services, had compounded this.
- In addition, the commissioners were considering whether to procure CAMHS as a separate service (separate from the acute trust) that could be joined with other community services across the region to enable a focus on the development and improvement of the wide range of community services available in the region. However, this would be managed as a separate process. In the interim, CAMHS would move across with the acute side of the trust to Taunton and Somerset NHS Foundation Trust.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We rated safe as good because:

The environment at both Drove House and the Barn was clean and well maintained. The walkways between buildings were clearly identified. All rooms had panic buttons clearly visible; staff and children, young people and families said they felt safe in the environment. However, the open plan and shared facilities at the Barn meant that confidential communication was sometimes difficult.

Staff had a very good knowledge of safeguarding procedures and practice and were up to date with mandatory training. However, there were problems with access to the e-learning system at the Barn meaning that staff had to travel to other locations to access training delivered in this way.

There were some staff shortages within team but every effort was made to ensure that this did not affect care to children and young people. Staff worked extra hours to cover all the sessions that had been booked.

Although only staff who had swipe cards could access the building at Drove House where patient notes were kept, the records room was kept open during the day, meaning that anyone who was let in to the building could potentially access patient notes so confidentiality could potentially be compromised.

Good



Are services effective?

We rated effective as outstanding because:

The assessment of needs and risks was thorough, individualised and had a strong focus on working in partnership to achieve goals and outcomes that children, young people and families identified. Care and treatment were innovative and evidence based and there was a culture of monitoring outcomes against national benchmarks.

We found excellent multidisciplinary and interagency working practices with highly effective communication between team members and other professionals, such as teachers and social workers. Staff were highly skilled and participated in local and national clinical audit and research.

The service provided interventions in innovative ways such as facilitating a peer support group for foster carers who provided placements for children with learning disabilities. Group training was also offered which assisted in helping those carers provide more stable placements for this group of children.

Outstanding



Summary of findings

Are services caring?

We rated caring as outstanding because:

All the interactions we saw between staff, children, young people and parents/carers were respectful, responsive, kind and considered.

Staff demonstrated a thorough understanding of the effect on a child or young person of experiencing a mental health issue and the effective of living with a child or young person with mental health issues. We found evidence of excellent emotional support for children and young people and separate emotional support for parents and carers.

The children, young people and families that we spoke with, without exception, commented on how caring and compassionate staff were towards them.

We found that robust and innovative practices were used to consistently engage and involve children, young people and carers in their care and treatment.

Outstanding



Are services responsive to people's needs?

We rated responsive as good because

Disabled access to both sites was very good and toys and facilities were available to cater for all age groups in the majority of waiting, treatment and therapy rooms.

We found that the team responded to urgent care referrals and care needs quickly and that children, young people and families received excellent care and treatment service once they had been accepted into the service. However, there could be long waits to get an initial appointment. The team were working hard to rectify this and had developed plans to roll out the care and partnership approach (CAPA) across the service; this included plans to reduce the waiting times for appointments to the recommended waiting time frames (four week average to the first appointment and 11 week average for the commencement of treatment) by September 2015, including ensuring all staff complete the recommended average 16 appointments per week related to a named referral.

Within the learning disability service staff operated a system where following discharge children and young people were placed on a consultation list for six months. If the family or child felt that the issues were escalating again they would be seen straight away on request without the need for a new referral.

Good



Are services well-led?

We rated well-led as good because

Good



Summary of findings

We found all staff felt well supported by leaders and colleagues within the service. There was strong, proactive clinical leadership. Staff were enthusiastic, positive about their service and roles and morale was high.

We found good governance arrangements within the services that were clear, understood and adhered to by all staff. Leaders within the service had been proactive in raising the profile of CAMHS with the trust senior team. Although the chief executive had visited the service and staff felt positive about his leadership they said the rest of the trust senior executive team were not visible and felt they didn't understand CAMHS.

There was a clear commitment to the continuous improvement of services with the involvement of children and young people.

Summary of findings

Information about the service

The child and adolescent mental health and learning disability services (CAMHS) of Weston Area Health NHS Trust were provided by a multidisciplinary team that were based across two sites: Drove House in Weston-Super-Mare and the Barn in Clevedon. Community paediatric services were also based at these sites and delivered services from these locations.

The CAMHS teams provided services for children and adolescents with severe and complex mental health issues. The multidisciplinary team provided services from the two main bases but also from clinics, schools, early years settings and in families' homes. The team offered the following therapies/services:

- Generic and specialist mental health assessments
- Individual interventions including counselling, cognitive behaviour therapy (CBT), interpersonal psychotherapy (IPT), eye movement desensitisation reprocessing (EMDR), art psychotherapy, art protocol for trauma
- Systemic psychotherapy, family work and a solution focused therapy
- Medication
- Groups for parents and young people
- Consultation and training to other services to schools via the primary mental health team, to social services via consult, to health visitors and midwives via the care pathway and to adult mental health services
- Input to multi-agency strategy groups

The team delivered tier three services (assessment and consultation services delivered by a multidisciplinary

CAMHS team covering a geographical area based in a local 'clinic', dealing with problems too complex for primary care workers). There was an emphasis on early intervention and prevention; as such the CAMHS team used set referral criteria, developed with joint commissioners, to ensure access to assessment and treatment for those children and young people who needed it most, whilst making sure that other services had been tried where appropriate. Community CAMHS were in the process of introducing a 'choice and partnership' approach (CAPA) for managing waiting times and working in partnership with children, young people and families; if the referral was accepted into the service then the waiting time for the first appointment should be within a few weeks but generally waiting times could be up to four months (or longer). Urgent referrals could be seen on the same day or within a few days of the referral.

There was also a small specialty team within the service providing interventions for children with learning disabilities who needed specialist support to them and their families in addressing complex behaviours and mental health issues. This service was delivered by nurses, a psychologist, and shared access to an art therapist and a psychiatrist within the main service. The learning disability service worked predominantly in the community, working in childrens' homes and schools.

Drove House was last inspected in August 2011 and was found to be compliant with regulations. The Barn was last inspected in September 2011 and was found to be compliant with regulations.

Our inspection team

The team comprised of:

One CAMHS psychiatrist

One CAMHS senior nurse

One CQC head of inspection

One CQC inspection manager

Two CQC inspectors

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

Summary of findings

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited both the main sites that services were delivered from: Dove House and the Barn
- visited two GP practices that staff used to deliver services
- spoke with 25 members of staff, including psychiatrists, psychologists, nurses, specialist therapists, managers and administrative staff

- spoke with four parents/carers (face to face) and seven by telephone
- spoke with three young people and two children
- attended a multidisciplinary team meeting
- attended a 'Looked after children' review
- observed a clinical supervision session
- attended an art therapy class
- attended two therapy sessions with children/young people and parents
- accompanied staff visiting three children and young people in their own home
- held a focus group attended by seven staff
- observed a staff 'away day' which focussed on the implementation of choice and partnership approach (CAPA)

We also:

- looked at a range of policies and procedures and other documents related to the running of the service
- examined 18 sets of patient notes
- looked at the environment where care was delivered

What people who use the provider's services say

We spoke to children and young people and their parents/carers. All were extremely complimentary about the staff and the manner in which they had been treated. All felt that the service received had been of an extremely high standard and that it had resulted in positive outcomes.

The only negative comments were about the criteria that had to be met to access the service. It was felt that this

was too stringent and that children and young people's mental health had to deteriorate significantly before they could be seen and about the length of time from referral to the first appointment.

However, a different system was in operation for children with learning disabilities so this did not affect them and children with learning disabilities and families had no concerns about access to services.

Good practice

- Members/accredited by the Royal College of Psychiatrist Quality Network for Community CAMHS
- Young People's Friendly approved; had been verified as providing a young people friendly service and meets the Department of Health 'You're welcome' quality criteria
- Multidisciplinary (strong team dynamic) and interagency working practices and communication
- Written communications with families
- Facilitating a peer support group for foster carers who provide homes for children with learning disabilities.

Summary of findings

Areas for improvement

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

The provider should consider how it can improve access to the e-learning system for staff at the Barn in order that they can complete mandatory and statutory training delivered in this way without having to travel to other bases within the organisation to do so.

The provider should consider reviewing the provision and access to rooms that are conducive to delivering different types of therapy and that are available at times suited to meeting the needs of children, young people and their families i.e. outside of core school hours.

The provider should consider whether the sound proofing systems in Drove House are adequate in all of the rooms where confidential conversations and therapies are held.

Work with commissioners and partner organisation should be progressed to ensure children and young people can access appropriate early intervention services to prevent children and young people's mental health deteriorating significantly before being seen by tier three CAMHS.

This may negate the need for referral to tier three services and/or support appropriate referral to tier three services, as well as managing the anxiety of children, young people and their families.

Weston Area Health NHS Trust

Specialist community mental health services for children and young people

Detailed findings

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Child and adolescent mental health and learning disabilities team	Drove House
Child and adolescent mental health and learning disabilities team	The Barn

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

We rated safe as good because:

The environment at both Drove House and the Barn was clean and well maintained. The walkways between buildings were clearly identified. All rooms had panic buttons clearly visible and staff and children, young people and families said they felt safe in the environment. However, the open plan and shared facilities at the Barn meant that confidential communication was sometimes difficult.

Staff had a very good knowledge of safeguarding procedures and practice and were up to date with mandatory training. However, there were problems with access to the e-learning system at the Barn meaning that staff had to travel to other locations to access training delivered in this way.

There were some staff shortages within team but every effort was made to ensure that this did not affect care to children and young people and staff worked extra hours to cover all the sessions that had been booked.

Although only staff who had swipe cards could access the building at Drove House where patient notes were stored the records room was kept open during the day, meaning that anyone who was let into the building could potentially access patient notes, so confidentiality could be compromised.

the facilities with the CAMHS team and community paediatric service. The building provided open plan office accommodation. Staff told us that they found making confidential telephone calls and having confidential conversations difficult. A lack of available 'private' rooms compounded the situation. However, the environment was seen as good for promoting collaborative partnership working with the local authority staff and teams.

Safe staffing

- Staff told us that due to funding issues there had been a reduction in whole time equivalent posts over the last two years. The current establishment for the whole team was 22.04 whole time equivalents (WTE). The vacancy rate was identified at 0.4 WTE. However, reductions in funding had resulted in the team restructuring their work to make the most of the clinical time available. The clinical lead informed us that one extra psychiatrist and a psychologist would ensure referrals and clinical work could be covered without staff working extra hours. At the time of the inspection there were three psychiatrists (2.2 whole time equivalents). Royal College of Psychiatry guidelines suggest that a full time psychiatrist should deliver 10 sessions per week with 40 new cases seen per year. An example of how these guidelines were not being followed was provided by a psychiatrist. The psychiatrist worked six sessions per week; during 2013/2014 the psychiatrist offered 40 new appointments when they should have offered only 24. Staff ensured that appointments and care was offered to children and young people by undertaking extra sessions.
- The majority of staff were up to date with mandatory training. However, there was difficulty accessing the e-learning system at the Barn meaning that staff had to travel to other locations to access training delivered in this way.

Assessing and managing risk to patients and staff

- We sampled 18 care records and found comprehensive risk assessments in place for all children and young people. These were detailed and considered the wider systems that could both support the child and family

Our findings

Safe and clean environment

- The environment at both Drove House and the Barn was clean and well maintained with outside walk ways between buildings clearly identified, along with pedestrian crossings. All rooms had panic buttons that were clearly visible and both staff and children, young people and families said they felt safe in the environment.
- The Barn was owned by North Somerset County Council and social services staff employed by the council shared

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

and also the adverse factors. We saw that all children and young people and their parents/carers had consented to and been actively involved in the risk assessment process.

- All urgent referrals to the services were reviewed immediately to ensure children or young people most at risk could be seen on the same day or within a few days of the referral. We reviewed three urgent referrals which had been faxed to the service by GPs. One family received a call from a member of the team within a few hours of referral as a serious risk was identified, the others received a call within two/three days; a decision was then made as to how quickly the child or young person should be seen. All were seen within three weeks with one young person being seen four days after the referral, following assessment of the risks identified.
- All new referrals were reviewed by two clinicians/therapists to identify the level of risk; meetings were held twice weekly to do this. Referrals that were accepted into the service were assessed and prioritised and placed on the waiting list according to the level of risk. All families were written to explaining this and were provided with information about the service. Any referrals that were not accepted also received a detailed response and information about alternatives to tier three CAMHS provided. A response and explanation was also sent to the referrer. Those placed on the waiting list were reviewed on a regular basis and team members would contact them to discuss the child or young person's mental health issues and whether the risks presented could be managed by families with the support from primary health care professionals or/and teachers until they could be seen by tier three CAMHS..
- Although only staff who had swipe cards could access the building at Drove House where patient records were stored the room was kept open during the day; on the day of the inspection it was wedged open, meaning that anyone who was let in to the building could potentially access patient records so confidentiality could be compromised.

Track record on safety

- Both Drove House and the Barn had an excellent record for the maintenance of safety of children and young

people. Although the service reported a higher number of incidents than the paediatric community service only a very small number of incidents reported resulted in minor harm; the majority resulted in no injury or harm and the majority of incidents were related to infrastructure or resources.

Reporting incidents and learning from when things go wrong

- In the period between April 2014 and March 2015 there were 27 incidents reported by the service; this is within the expected range for a service delivering care to this level and type of population group. None of the incidents reported resulted in moderate, major or catastrophic harm. Staff told us that the most major incident that had been reported in the last year involved a child with suicidal thoughts found with a ligature around their neck in the toilets at the Barn. Although this resulted in no injury or harm to the individual it was identified on the service risk register, reported as a safeguarding incident and a full root cause analysis undertaken. The team made immediate changes to accessibility and observation of toilet areas. Following this incident a number of key staff were identified to undertake a specific risk assessor role and only these staff see children who are considered to be at risk. All staff we spoke with had a detailed knowledge of managing the risks of children and young people, knew of the trust policies and how to report and respond to incidents. There was an embedded culture of reviewing risks, appreciative enquiry and learning from incidents.
- CAMHS had a named lead for safeguarding (a consultant psychiatrist) and followed the trust policies and process for raising a safeguarding concern. All staff we spoke with were aware of safeguarding procedures, had completed up to level three training (with a 97% compliance rate) and felt that any safeguarding concerns raised would be dealt with appropriately, in a timely manner. CAMHS had very positive working relationships with the local authority safeguarding leads.

Are services effective?

Outstanding



By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary of findings

We rated effective as outstanding because:

The assessment of needs and risks was thorough, individualised and had a strong focus on working in partnership to achieve goals and outcomes that children, young people and families identified. Care and treatment was innovative and evidence based and there was a culture of monitoring outcomes against national benchmarks.

We found excellent multidisciplinary and interagency working practices with highly effective communication between team members and other professionals, for example, with teachers and social workers. Staff were highly skilled and participated in local and national clinical audit and research.

The service provided interventions in innovative ways such as facilitating a peer support group for foster carers who provided placements for children with learning disabilities, also offering the group training which assisted in helping those carers provide more stable placements for this group of children.

Our findings

Assessment of needs and planning of care

- At initial assessment children, young people and families would be seen by the therapist that had been identified as most suitable to meet their needs when their referral to the service had been triaged and care and treatment options would be discussed. However, therapists could be changed to meet the needs or preferences of children, young people and families. All initial assessments examined were detailed and holistic with clear evidence that the children, young people and families had been involved in discussions and their opinions and the outcomes they wished to achieve discussed in detail.
- Children and young people received a comprehensive assessment of their needs and a thorough risk assessment that was individualised. There was a strong focus of working in partnership to identify and achieve the goals of children, young people and families. On

examination of records we found that children and young people (and family member/carers as appropriate) had signed plans of care and treatment, had consented to therapies and in some instances had written comments or specific goals in care plans.

- At the time of the inspection patient records were kept in paper format. Staff were hopeful that electronic records would be introduced within the near future to support improved record keeping and auditing of records. The internet system at Drove House was slow and would often crash. When we spoke to the administration team they told us they were not able to work as effectively as they could do due to slow internet/intranet connections, especially at lunch time. The team felt they didn't get as much IT support as other teams on the acute site.

Best practice in treatment and care

- All clinical/therapy staff followed NICE guidelines and other nationally or internationally recognised evidence based guidelines or best practice. Staff were extremely knowledgeable about the evidence base for the different types of therapies that they delivered, including being up to date with the latest research. The majority of therapists used national benchmarks to identify their outcomes and there was a strong drive to achieve outcomes above expected levels. Several therapists told us they shared their outcomes with the children, young people and families. We observed an art therapy session in which a number of young people attending told us that they had undertaken art therapy in other parts of the country and the sessions delivered by the service had a much clearer focus of addressing a specific issues rather than it just being fun. We also attended a number of therapy sessions and observed these to be individually focussed, considered with excellent interactions that went over and above that which would be expected in those specific therapy sessions. The team was also achieving very good results using non-traditional psychotherapies such as eye movement desensitisation and reprocessing with children and young people who had suffered trauma with most only needing between four and eight sessions. The only recommended therapy that the service was not able to deliver was post diagnosis work with children on the autistic disorder spectrum (ADS). This was due to a lack of resources as a result of gap in the commissioning of this therapy.

Are services effective?

Outstanding



By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- All medication prescribed was reviewed weekly (initially) by a consultant psychiatrist and all prescribing practices were in line with NICE guidelines. Physical measurements and health assessment were carried out regularly and this was clearly documented in records.
- Several staff had undertaken the improving access to psychological outcomes training (IAPT) and several more were due to be released to attend. Staff could clearly identify the improvement in outcomes made as a result of IAPT and the different therapists were looking at innovative ways to benchmark their practice and monitor their individual outcomes so that these could be communicated to children, young people and families.
- The service also provided interventions in innovative ways such as facilitating a peer support group for foster carers who provided placements for children with learning disabilities. It also offered group training which assisted in helping those carers provide more stable placements for this group of children to prevent the breakdown of placements and break the cycle of these children returning to care facilities.
- When providing training to groups of parents/carers, the learning disability service also invited other services in the area, such as the local play scheme coordinators, to ensure parents and carers were aware of all the services that were available to them and their children.
- Care we observed also included not just focussing on the children but also understanding the wider systems that surrounded them including the health of parents, interactions with siblings, schools and other things important to that child.
- Staff across the service worked effectively as a team to ensure they met the holistic needs of children and young people. The needs of children and young people were regularly reviewed and staff worked flexibly and in partnership with each other to meet their needs; this could mean that several therapists were involved with the child or young person at one time. Staff also worked closely with parents and families to ensure they could provide the support children and young people needed between sessions.
- Staff led and participated in clinical audit, including audits of therapies to support children and young people who had suffered trauma, perinatal care, eating disorders, therapies for ASD and audit of medication

used in cases of attention deficit hyperactivity disorder (ADHD). The lead consultant psychiatrist and psychologist told us that they would like to carry out many more audits to demonstrate outcomes for all therapies delivered but due to staffing pressure time was limited to do this although they had plans to increase the number and range of clinical audits undertaken.

- The service was a member of the Royal College of Psychiatrist Quality Network for Community CAMHS and benchmarked its practice against similar services across the UK, measured progress against key national policy and provided information that was included in the trust's Quality Accounts.

Skilled staff to deliver care

- We found that staff were highly skilled and had up to date knowledge and experience of delivering their individual specialist therapies but also had a wide range of knowledge about other therapies available and the impact that having a mental health issue could have on children, families and young people. Staff actively and enthusiastically participated in continuing professional development (CPD) and often attended conference and courses in their own time and at their own expense in order to ensure they were abreast of the latest thinking and practice. However, staff told us that there was never a problem gaining approval for accessing study days or specialist training and that CAMHS was very supportive of CPD as there was a clear recognition of the link between staff development, delivering a high quality service and achieving positive outcomes.
- Clinical and therapy staff had access to clinical and professional supervision on a monthly basis; some of which was carried out on a group basis and some was accessed externally where specialist supervision was required. All staff, including administrative staff had performance development plans and had received regular appraisals. All staff said they could access one to one supervision/discussions with line managers outside of formal processes if they wished.
- We observed staff demonstrating high levels of skill in the clinical care they delivered in all the settings we were in and changing their approach to what was appropriate to the child or their carer's needs as the therapy sessions progressed. For example, we observed

Are services effective?

Outstanding



By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

staff changing their plan for an appointment due to the needs that children and family brought with them, whilst also displaying innovative approaches and creating games to keep the child focussed.

Multi-disciplinary and inter-agency team work

- We found excellent multidisciplinary and interagency working practices with highly effective communication between team members and other professionals, such as teachers and social workers. In all interactions we saw that team members put children, young people and their families at the centre of discussions. We observed a team workshop and were impressed by the way staff interacted with each other in a respectful and collaborative manner but also positively challenged each other and were very solution focussed. Staff told us that the service leads made a conscious effort to provide opportunities for the CAMHS team to collaborate. Social workers, members of the paediatric community services and the directorate managers all spoke extremely positively about how the CAMHS team communicated and worked in partnership with them.

- We observed a strong, positive, supportive team dynamic in our focus groups and in the staff interactions in both Drove House and the Barn. Team members treated each other with respect and valued each others professional knowledge and experience whilst also feeling comfortable enough to challenge and robustly discuss issues in positive way.

Adherence to the MHA and the MHA Code of Practice

- The MHA was very rarely used in community CAMHS. However, staff keep up to date as part of their continuing professional development although this was not mandatory. All staff that we spoke with had a good understanding of the Code of Practice specific guidance on children and young people, including the Gillick competencies.

Good practice in applying the MCA

- Staff had an excellent understanding of the MCA and training and updating was mandatory every year.

Are services caring?

Outstanding



By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary of findings

We rated caring as outstanding because:

All the interactions we saw between staff, children, young people and parents/carers were respectful, responsive, kind and considered.

Staff demonstrated a thorough understanding of the effect on a child or young person of experiencing a mental health issue and the effective of living with a child or young person with mental health issues. We found evidence of excellent emotional support for children and young people and separate emotional support for parents and carers.

The children, young people and families that we spoke with, without exception, commented on how caring and compassionate staff were towards them. We found that robust and innovative practices were used to consistently engage and involve children, young people and carers in their care and treatment.

appropriate, caring, calm and respectful. It was obvious that the manner in which staff interacted supported the delivery of high quality therapies and contributed to the achievement of positive outcomes.

- Staff demonstrated a comprehensive and detailed understanding of the effect that experiencing a mental health issue could have on children, young people and their families and provided excellent emotional support, including separate emotional support to parents and carers. This intense level of emotional support meant that truly holistic packages of care could be provided to children and young people.
- There was a clear ethos that to meet the needs of the children in their care the service had to provide effective support to the wider systems around the child, in particular the family and carers of the child. We observed, in all settings, staff showing real empathy and understanding of the difficulties the families could face, whilst helping the families find solutions that met their needs in an empowering way.
- When discussing children, young people and their families with each other, other professionals and the CQC inspection team staff spoke about them in a respectful manner and provided thoughtful and considered information.
- All written communication with families was of an extremely high standard and gave full details about risks, assessments and care and treatment in a caring and compassionate manner.

Our findings

Kindness, dignity, respect and support

- Children, young people and their families, without exception, told us that staff were caring and compassionate towards them and that they always felt staff respected their views and wishes. Parents of children with learning difficulties that we spoke with were effusive in their praise. We were told that staff went the 'extra mile' in the way they dealt with children, young people and families. We saw that individualised holistic packages of care were delivered by committed, enthusiastic and truly caring staff who placed the children, young people and families in their care at the centre of everything they did.
- We observed staff interacting with children, young people and their families in a variety of settings including, individual therapy sessions at both Drove House and the Barn, in their own homes, in GP practices and in schools. All interactions observed were of an extremely high quality, compassionate, empathetic,

The involvement of people in the care they receive

- Children, young people and their families that we spoke with all said that they had been involved in making choices about the care and treatment they received and planning their care. All said they had received enough information to help them make those choices, including when the programme of care was relatively inflexible. For example, in the treatment for eating disorders. Examination of notes supported this; we found a number of young people had signed their care plan. Children, young people and families said they had been offered a copy of the plan of care and the majority had received written communication from the lead clinician detailing the plan of care and agreements made.



Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

- Children, young people and their families were encouraged to provide feedback about their experience of the services and feedback forms were available in the waiting rooms/communal areas of both Drove House and the Barn. All staff we spoke to understood the need to focus the service around what children, young people and families.
- Both Drove House and the Barn had a 'comment tree' in the waiting area. In Drove House this contained many comments and a section that highlighted what the service had done to respond to comments and improve services in a 'you said, we did' format. However, at the Barn the comment tree was empty on the day of the inspection.
- The service had a user forum that was set up in 2012. Feedback from the forum and its engagement with the service had helped develop and make improvements to the service. For example, developing art work for the waiting areas and designing the feedback forms.

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

Summary of findings

We rated responsive as good because

Disabled access to both sites was very good and toys and facilities were available to cater for all age groups in the majority of waiting, treatment and therapy rooms.

We found that the team responded to urgent care referrals and care needs quickly and that children, young people and families received excellent care and treatment once they had been accepted into the service. However, there could be long waits to get an initial appointment. The team were working hard to rectify this and had developed plans to roll out the care and partnership approach (CAPA) across the service; this included plans to reduce the waiting times for appointments to recommended time frames (4 week average to the first appointment and 11 week average for the commencement of treatment) by September 2015, plus ensuring all staff complete the recommended average 16 appointments per week related to a named referral.

Within the childrens' learning disability service staff operated a system where following discharge children and young people were placed on a consultation list for 6 months, if the family or child felt that the issues were escalating again they would be seen straight away on request without the need for a new referral.

with children, young people and families. If the referral was accepted into the service then the waiting time for the first appointment should be within four weeks; but at the time of the inspections the waiting times were up to four months (or longer) with an average of 11 weeks wait for the commencement of treatment (no one should wait longer than 18 weeks for treatment). The first phase of introducing CAPA was to validate the waiting lists for all children and young people that had been waiting longer than 10 weeks; giving them the option to 'opt in' to an appointment. This phase was in progress (commenced at the beginning of May 2015); the service identified that the process would take approximately 12 weeks. From 8th June 2015 all new accepted referrals would be booked straight into a choice appointment. Therefore, from 1st September 2015 there would be no one waiting longer than 12 weeks. No additional costs had been associated with the introduction of CAPA. However, the clinical groups (CCGs) had recognised the need to increase staffing and funding for a further two band seven posts had been granted.

- Urgent referrals could be seen on the same day or within a few days of the referral. We reviewed three urgent referrals which had been faxed to the service by GPs. All families received a call from a member of the team within two/three days when a decision was then made as to how quickly the child or young person should be seen. All were seen within three weeks, with one young person being seen four days after the referral.
- Children, young people and families told us that they received excellent care and treatment once accepted by the service but many had found it difficult to meet the criteria for referral and felt that children and young people's mental health had to deteriorate significantly to meet the criteria. They identified a paucity of early intervention services. Once referrals had been accepted they reported waiting a long time for a first appointment. A small number of parents/carers felt that their child would have benefited from more therapy sessions before being discharged as the primary health and social care services and education couldn't provide the level of support and understanding provided by community CAMHS.
- The learning disability service operated a system where following discharge children and young people were

Our findings

Access and discharge

- The service operated a single point for referrals regardless of where the service was delivered.
- There was an emphasis on early intervention and prevention; as such the CAMHS team used a set referral criteria, developed with joint commissioners, to ensure access to assessment and treatment for those children and young people who needed it most, whilst making sure that other services had been tried first where appropriate.
- Community CAMHS were in the process of introducing 'choice and partnership' approach (CAPA) for managing waiting times and working in partnership

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

placed on a consultation list for 6 months; if the family or child felt that the issues were escalating again they would be seen straight away on request without the need for a new referral. This helped manage families anxieties about leaving the service following completion of an intervention allowing discharge to occur more swiftly which also freed up capacity for other families to enter the service. Families told us that they valued this system and the reassurance that it gave them.

- There were good transition protocols in place for ensuring young people could move to adult services at the right time, if needed.

The facilities promote recovery, comfort, dignity and confidentiality

- The environment at both Drove House and the Barn was well maintained and provided an environment suitable for delivering services to children, young people and their families. Toys, games, books etc. available in waiting rooms were suitable for a wide range of age groups at Drove House; these facilities at the Barn tended to be geared to younger children. Disabled access and facilities on both sites was very good.
- Staff told us that there was an issue with soundproofing in the rooms used to deliver therapies at Drove House. They said the rooms were not conducive to the maintenance of confidentiality as conversations could often be heard through walls. However, the business manager assured us that all rooms were all sound proofed and that white noise was present in waiting rooms to ensure privacy. We did not observe any issues with soundproofing during the inspection.
- There was a lack of available, suitable rooms to deliver therapies on both sites; particularly therapies such as art therapy that required lots of equipment to be available and needed to be moved to different rooms within carefully controlled time slots. Staff had to book rooms well in advance and also had to use rooms in local clinics, GP surgeries and other venues. Staff recognised that this could be positive as the service was being delivered closer to the patients. However, rooms were often not suitable for the types of therapies being delivered. At the Barn CAMHS had to share facilities with social service staff so room access was made even more difficult. Staff told us that this issue had been raised with the trust as a risk to service delivery but the trust had

identified that it considered that there were enough rooms available for the number of appointments; this failed to recognise that all were competing for rooms at the extremities of the day, before and after school, to meet the needs of children, young people and their families.

Meeting the needs of all people who use the service

- Staff respected children, young people and family's diversity and human rights. Staff made every effort to meet the cultural, language and religious needs. Information leaflets were provided in different languages in waiting rooms. We were told that interpreters were available if needed but staff said they had never had to call on the service.
- Young people, parents and carers told us that they felt there was a gap in the service. The criteria for referral to the community CAMHS team was very specific and children and young people had to have very serious problems to access the service. They identified that there didn't appear to be the level of awareness or services available to deal with issues at an early stage.

Listening to and learning from concerns and complaints

- Children, young people and their families told us that they knew how to complain; those we spoke to said that they had been given information about making a complaint at the commencement of their therapy/contact with the service. A Patient Advice and Liaison Service(PALS) was available to support children, young people and families to make a complaint should they wish.
- There was evidence of learning from complaints within the service. The comments tree displayed in waiting rooms identified improvements that had been made as a result of concerns and complaints that had been raised; particularly at Drove House. Learning from concerns and complaints was shared within CAMHS and with the community paediatric service. However, there was little evidence of wider sharing of learning and little feedback from the trust about how learning from complaints was being used trust wide.

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

- Although staff were not fully aware of the Duty of Candour regulation it was clear they operated to the principles of being open, honest and apologising when things went wrong.

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

We rated well-led as good because

We found all staff felt well supported by local leaders and colleagues within the service. There was strong, proactive clinical leadership. Staff were enthusiastic, positive about their service and roles and morale was high.

We found good governance arrangements within the services that were clear, understood and adhered to by all staff. Leaders within the service had been proactive in raising the profile of CAMHS with the trust senior team. Although the chief executive had visited the services and staff felt positive about his leadership, they said the rest of the senior executive team were not visible and felt they didn't understand CAMHS.

There was a clear commitment to the continuous improvement of services with the involvement of children and young people.

'fit' with the acute model of service delivery.

The transaction process, where Taunton and Somerset NHS Foundation Trust, as the preferred acquirers, would in future deliver services, had compounded this.

- In addition, commissioners were considering whether to procure CAMHS as a separate service (separate from the acute trust) that could be joined with other community services across the region to enable a focus on the development and improvement of the wide range of community services available in the region. However, this would be managed as a separate process to the transaction process. In the interim CAMHS would remain within the transaction process.

Good governance

- We found good governance arrangements within the local services that were clear, understood and adhered to by all staff. Members of the CAMHS senior team were involved in governance meetings at a directorate and trust wide level but found that issues with very little relevance to the service were always discussed, for example, pressure sores, whilst CAMHS issues were often missed off agendas.
- All staff showed a thorough understanding of the risks associated with delivering the service and a comprehensive risk register was kept at service level; key risks fed into the directorate risk register and through to the trust risk register. However, the trust sometimes did not see the significance of some of the risks identified by CAMHS. For example, the trust did not recognise that the availability of rooms outside of core hours presented a problem for delivering therapies to children and young people.

Leadership, morale and staff engagement

- We found excellent senior clinical leadership within the service and high quality leadership at every level within the service. Leaders within the service had been proactive in raising the profile of CAMHS with the trust senior team. Although the chief executive had visited the services and staff felt positive about his leadership they said the rest of the senior executive team were not visible and felt they didn't understand CAMHS.

Our findings

Vision and values

- Community CAMHS had a clear vision of what it wanted to achieve and plans in place to deliver that vision. The community children's service had just started to develop on overarching vision and strategy for the whole service but this was at an early stage of development. Staff told us that they felt engaged in the process and thought it would benefit the service to have a clear strategy that would help raise the profile of both community CAMHS and the community paediatric service with the trust.
- The CAMHS senior leadership team had taken a proactive approach in trying to raise the profile of CAMHS within the trust and felt that this had worked to a certain degree. However, staff said they felt that CAMHS was not recognised as much as it should be by the trust and that the senior leadership team of the trust had little understanding of what CAMHS did, as it didn't

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- The chief executive had spoken to them about the transaction process and the possible separate procurement of CAMHS but staff said they had not actively been engaged in options or potential developments that might affect them moving forward.
- We found that generally staff morale was good despite the uncertainties and disconnect from the trust. It was evident that staff cared for each other and provided support to each other as needed. They were extremely proud of the service they delivered.

Commitment to quality improvement and innovation

- There was a clear commitment to improving the service in collaboration with children, young people and

families and key partner organisations and services from all staff in the community CAMHS team. Staff within the service had adapted positively to changes and had a positive 'can do' attitude; they were enthusiastic and committed to delivering the best service that they could. The service was developing a suite of key performance indicators but these were at the early stage of development.

- The service participated in the trust wide audit programme and was looking to develop the breadth and number of audits it undertakes. It was involved in national initiatives through the Royal College of Psychiatry and staff were engaged in research.